

BUSINESS BLUE MASTER GROUP POLICY BENEFITS OUTLINE

This Benefits Outline describes the benefits of this Policy in general terms. It is important to read the Policy in full for specific and detailed information that includes additional exclusions and limitations on benefits. The Office of Group Insurance will be able to help if you have questions.

Throughout this Policy, Blue Cross of Idaho may be referred to as BCI. For Covered Services under the terms of this Policy, Maximum Allowance is the amount established by BCI as the highest level of compensation for a Covered Service. There is more detailed information on how Maximum Allowance is determined and how it affects out-of-state coverage in the Definitions Section.

To locate a Contracting Provider in your area, please visit our Web site at www.bcidaho.com. Click on “Find a Provider” under “TOOLS” and you will be taken to our searchable Directory. You may also call our Customer Services Department at 1-208-331-8897 or 1-866-804-2253 for assistance in locating a Provider.

ELIGIBILITY AND ENROLLMENT

EE11g/01/02

Eligible Employees are officers or employees of state agencies, departments, or institutions, including state officials, elected officials, or employees of other governmental entities which have contracted with the State of Idaho for medical expense coverage, who are working twenty (20) hours or more per week, or eighty-four (84) hours per month, and whose term of employment is expected to exceed five (5) months in any consecutive twelve (12) month period.

Employees hired on or after the effective date of this Policy will have coverage for him or herself and their Dependent(s) effective the first day of the month following date of hire, provided enrollment is completed within thirty (30) days of the date of hire.

(see the Policy for additional Eligibility and Enrollment provisions)

Note: In order to receive benefits, some Covered Services require Prior Authorization. Please review the “Services Requiring Prior Authorization Notice” attached to this Benefits Outline for more specific details.

Insureds should check with BCI to determine if the treatment or service being considered requires Prior Authorization. All Inpatient Admissions and Emergency Admissions require Inpatient Notification Review or Emergency Admission Notification, as appropriate.

If an Insured chooses a Noncontracting or a nonparticipating Provider, the Insured may be responsible for any charges that exceed BCI’s Maximum Allowance.

COMPREHENSIVE MAJOR MEDICAL BENEFITS	
Deductibles: <ul style="list-style-type: none"> Individual Family 	<p>Insured pays first \$2,000 of eligible expenses per Benefit Period</p> <p>Insureds pay a combination of \$6,000 of eligible expenses for all Insureds under same Family Coverage per Benefit Period. <i>(No Insured may contribute more than the Individual Deductible amount toward the Family Deductible.)</i></p>
Out-of-pocket Limit – Deductible plus Coinsurance <ul style="list-style-type: none"> Individual Family <p>Out-of-pocket expenses associated with the following are not included in the Out-of-pocket Limit:</p> <ul style="list-style-type: none"> Amounts that exceed the Maximum Allowance. Amounts that exceed benefit limits. Dental Covered Services, except Dental Services Related to Accidental Injury. Vision care Covered Services. Prescription Drug Covered Services. Noncovered services or supplies. 	<p>Insured pays \$5,000 of eligible expenses per Benefit Period</p> <p>When an Insured has met the Out-of-pocket Limit, the benefits payable on behalf of the Insured for Covered Services will increase to 100% of the Maximum Allowance during the remainder of the Benefit Period, except for vision care, dental covered services, and Prescription Drug Covered Services.</p> <p>Insureds pay a combination of \$10,000 of eligible expenses per Benefit Period</p> <p>When Insureds have met the Out-of-pocket Limit, the benefits payable on behalf of all the Insureds for Covered Services will increase to 100% of the Maximum Allowance during the remainder of the Benefit Period, except for vision care, dental covered services, and Prescription Drug Covered Services.</p> <p><i>(No Insured may contribute more than the Individual Out-of-pocket Limit toward the Family Out-of-pocket Limit.)</i></p>
Comprehensive Lifetime Benefit Limit	<p>BCI pays up to \$1,000,000 on behalf of an Insured for all combined Covered Services. Payments applied toward specific Lifetime Benefit Limits also apply toward the all-inclusive Comprehensive Lifetime Benefit Limit</p>

<i>SERVICES BCI COVERS</i>	<i>AMOUNT OF PAYMENT</i> CS1 MA/01/02
Ambulance Transportation Service	BCI pays 70% of Maximum Allowance after Deductible
Cardiac Rehabilitation Services	BCI pays 70% of Maximum Allowance after Deductible
Chiropractic Care Services <ul style="list-style-type: none"> Contracting Chiropractic Physician Noncontracting Chiropractic Physician 	BCI pays 70% of Maximum Allowance after Deductible BCI pays 50% of Maximum Allowance after Deductible (up to a combined total of \$500 per Insured, per Benefit Period)
Dental Services Related to Accidental Injury <ul style="list-style-type: none"> For covered services received within 12 months of the injury 	BCI pays 70% of Maximum Allowance after Deductible
Diagnostic Services	BCI pays 70% of Maximum Allowance after Deductible
Diabetes Self-Management Education Services <ul style="list-style-type: none"> Only for Providers approved by BCI 	BCI pays 70% of Maximum Allowance after Deductible (up to \$500 per Insured, per Benefit Period)
Durable Medical Equipment / Orthotic Devices / Prosthetic Appliances	BCI pays 70% of Maximum Allowance after Deductible
Employee Assistance Program (EAP) <ul style="list-style-type: none"> 1 – 5 visits per person per Benefit Period 	<i>Administered by Business Psychology Associates (BPA) 1-877-427-2327 or 1-208-343-4180</i>
Home Health Skilled Nursing Care Services	BCI pays 70% of Maximum Allowance after Deductible (up to \$5,000 per Insured, per Benefit Period)
Home Intravenous Therapy	BCI pays 70% of Maximum Allowance after Deductible
Hospice Services <ul style="list-style-type: none"> Only for Providers contracting w/BCI 	BCI pays 100% of Maximum Allowance (Deductible does not apply) (Lifetime Benefit Limit is \$10,000 per Insured)
Hospital Services <ul style="list-style-type: none"> Includes coverage for newborn nursery charges 	BCI pays 70% of Maximum Allowance after Deductible

SERVICES BCI COVERS	AMOUNT OF PAYMENT <small>CS1 MA/01/02</small>
Inpatient Physical Rehabilitation Care <ul style="list-style-type: none"> Only for Providers contracting w/BCI 	BCI pays 70% of Maximum Allowance after Deductible (up to \$15,000 per insured, per Benefit Period)
Mammography Services <ul style="list-style-type: none"> Preventive Screening Services Diagnostic Services 	See Wellness/Preventive Care Services BCI pays 70% of Maximum Allowance after Deductible
Maternity Services	BCI pays 70% of Maximum Allowance after Deductible
Mental Health and Substance Abuse Inpatient Services <ul style="list-style-type: none"> Facility and Professional Services 	BCI pays 70% of Maximum Allowance after Deductible (up to 8 days per Insured, per Benefit Period) <i>(Benefits will be extended with no annual maximum if an insured is diagnosed with Serious Mental Illness and/or Serious Emotional Disturbance in children)</i>
Mental Health and Substance Abuse Outpatient Services <ul style="list-style-type: none"> Facility and Professional Services 	BCI pays 70% of Maximum Allowance after Deductible (up to 30 visits per Insured, per Benefit Period) <i>(Benefits will be extended with no annual maximum if an insured is diagnosed with Serious Mental Illness and/or Serious Emotional Disturbance in children)</i>
Outpatient Physical Therapy Services	BCI pays 70% of Maximum Allowance after Deductible (up to \$800 per Insured, per Benefit Period)
Outpatient Rehabilitation Therapy Services <ul style="list-style-type: none"> Outpatient Occupational Therapy Outpatient Respiratory Therapy Outpatient Speech Therapy 	BCI pays 70% of Maximum Allowance after Deductible (up to a combined total of \$1,000 per Insured, per Benefit Period)
Post-Mastectomy/Lumpectomy Reconstructive Surgery	BCI pays 70% of Maximum Allowance after Deductible
Professional Services (Surgical/Medical)	BCI pays 70% of Maximum Allowance after Deductible
Selected Other Therapy Services Includes, but is not limited to: <ul style="list-style-type: none"> Radiation Therapy Chemotherapy Renal Dialysis 	BCI pays 70% of Maximum Allowance after Deductible
Skilled Nursing Facility	BCI pays 70% of Maximum Allowance after Deductible (limited to 30 days per Insured, per Benefit Period)

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Temporomandibular Joint (TMJ) Syndrome	BCI pays 70% of Maximum Allowance after Deductible (Lifetime Benefit Limit is \$2,000 per Insured)
Transplant Services	BCI pays 70% of Maximum Allowance after Deductible (Lifetime Benefit Limit is \$350,000 per Insured) (Includes separate Lifetime Benefit Limit of \$5,000 for related BCI approved transportation, lodging, meals and other living expenses. <i>Benefits for meals and other living expenses are limited to a maximum of \$50 per day</i>)
Wellness/Preventive Care Services <ul style="list-style-type: none"> For specifically listed Covered Services For services not specifically listed <p><i>Specific benefits are for:</i></p> <ul style="list-style-type: none"> <i>Well baby care and Well Child care - routine or scheduled examinations, including Rubella and PKU tests</i> <i>Adult examinations - annual physical examinations, including pap tests, preventive screening mammogram services, fecal occult blood test, PSA tests, cholesterol panel, and CBC and SMAC blood tests</i> <i>Immunizations Accellular Pertussis, Diphtheria, Hemophilus Influenza B, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pneumococcal (pneumonia), Poliomyelitis (polio), Rubella, Tetanus, Varicella (Chicken Pox) and routine immunizations included in the State of Idaho Vaccine for Children Program, as amended or revised. (Other immunizations may be covered at the discretion of BCI when Medically Necessary. No benefits are provided for travel vaccines.)</i> 	<p>BCI pays 100% of the Maximum Allowance (up to \$250 per Insured, per Benefit Period) <i>(for services in excess of the above limit, BCI pays 70% of the Maximum Allowance after Deductible)</i></p> <p>BCI pays 70% of the Maximum Allowance after Deductible</p>

PRESCRIPTION DRUG BENEFITS
Three-Tier Copayment Program

	Contracting	Noncontracting
<p>Tier 1: Generic Drugs</p> <p>Tier 2: Brand Name Drugs – no Generic available</p> <p>Tier 3: Brand Name Drugs – Generic available</p> <p>One (1) Copayment for <i>each</i> 30-day supply Two (2) Copayments for <i>each</i> 90-day supply of Maintenance drugs only (1-30 day supply, 1 copayment; 31-90 day supply, 2 copayments)</p> <p>Note: Certain prescription drugs have Generic equivalents. If the Insured or Provider requests a Brand Name Drug and a Generic Drug is available, the Insured is responsible for the difference between the price of the Generic Drug and the Brand Name Drug plus any applicable Copayment.</p>	<p>Insured pays \$10 per prescription</p> <p>Insured pays \$18 per prescription</p> <p>Insured pays \$40 + difference between Brand Name and Generic Drug, per prescription</p>	<p>Insured pays \$25 <i>and</i> 20% of balance, per prescription</p>
<p>Diabetes Management</p> <p>Insulin Syringes/Needles Insulin syringes/needles covered if purchased within 30 days of Insulin purchase (only 1 copayment required)</p> <p>Other Diabetic Supplies Benefits shall be provided for blood sugar diagnostics:</p> <ul style="list-style-type: none"> • lancets • test strips (blood glucose and urine) • alcohol swabs 	<p>Insulin subject to above listed pharmacy copays.</p> <p>Insured pays \$10 per item</p>	<p>Insured pays \$25 <i>and</i> 20% of balance, per purchase</p>
<p>Contraceptives</p> <p>Oral Contraceptives Only</p> <ul style="list-style-type: none"> • <i>Only</i> oral contraceptives are covered for the enrolled employee or employee's enrolled spouse • Prescription birth control drugs <i>are not</i> covered for dependent children 	<p>Subject to above listed pharmacy copayments</p>	<p>Insured pays \$25 <i>and</i> 20% of balance, per purchase</p>

Human Growth Hormone Therapy (Prior Authorization required. Only available when purchased at one or more of BCI's Contracted Specialty Pharmacies or Network Pharmacies)	BCI Pays 70% of the Maximum Allowance
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<i>VISION CARE BENEFITS (VSP)</i> 1-800-877-7195	
Professional Fees <ul style="list-style-type: none"> • Eye Exam Materials—lenses per pair <ul style="list-style-type: none"> • Single Vision, up to • Bifocal, up to • Trifocal, up to • Lenticular, up to • Frame, up to Contact Lenses— per pair (evaluation, materials, and fittings only) <ul style="list-style-type: none"> • Elective, up to • Medically Necessary, up to 	VSP pays up to the amounts listed: \$32 \$32 \$60 \$72 \$100 \$30 \$47 \$100
Service Frequency Limitations	Insured may receive one (1) eye exam every twelve (12) months. Insured may receive one (1) pair spectacle lenses or contact lenses every twelve (12) months. Insured may receive one (1) frame every twenty-four (24) months.